AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE

E STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

| Station and Location: | Date: 9/17/2018 | |
|------------------------------------------------------------------------------------------|-----------------|--|
| Ruying Timo I I C | | |
| _{I,} <u>Buying Time LLC</u> being/on behalf of: <u>Michigan Senate Democ</u> | cratic Fund | |
| a legally qualified candidate of the Democratic | | |
| political party for the office of: Michigan State S | Senate | |
| in the General | | |
| election to be held on: November 6, 2018 | | |
| do hereby request station time as follows: | | |

| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks |
|---------------------|-------------------------------------------|------|---------|-------------------|--------------------|
| | | AS | ORDERED | | |

| Attach proposed schedule with charges (if available): \$ | net |
|----------------------------------------------------------|-----|
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I represent that the payment for the above described broadcast time has been furnished by:

Michigan Senate Democratic Fund PO Box Lansing MI 48901

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Brett J. Mcrae

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

| 9/17/2018 | (Weinel | | |
|------------|----------------------------------|------------|--|
| Date | Signature | | |
| То Ве | Signed By Station Representative | | |
| ☐ Accepted | ☐ Accepted in Part | ☐ Rejected | |
| Signature | Printed Name | Title | |